

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 1003

18922  
STATE FILE NUMBER  
5116

Registration District No. 318 Primary Registration District No. Registrar's No.

|  |  |  |  |  |  |   |   |
|--|--|--|--|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY                                     |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis  |  |  |  | c. CITY OR TOWN St. Louis  |  |   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Flower Home   |  |  |  | Length of stay in lb 13 dys  |  |   |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last Barbara Kleinsorge   |  |  |  | 4. DATE OF DEATH Month Day Year May 31 1957  |  |   |   |
| 5. SEX Female  |  | 6. COLOR OR RACE White   |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH Nov 1866   |   |
| 9. AGE (In years last birthday) 90   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil |  | 11. BIRTHPLACE (City and state or country) Altheim, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                                 |   |
| 13. FATHER'S NAME Martin Haas  |  |  |  | 14. MOTHER'S MAIDEN NAME Barbara Wuest   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No   |  |  |  | 16. SOCIAL SECURITY NO. —  |  | 17. INFORMANT Address Edward M. Kleinsorge 5244 Creighton Dr.       |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Chronic Myocarditis<br>Condition, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 422.1 |  |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH 8 mos 15 yrs |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>   |  |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None  |  |   |   |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. None   |  |  |  |  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |   |   |
| 21. I attended the deceased from May 19, 1957 to May 31, 1957 and last saw her alive on May 30, 1957. Death occurred at 12:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.   |  |  |  |  |  |   |   |
| 22a. SIGNATURE (Degree or title) Thelma Klumpke MD   |  |  |  | 22b. ADDRESS 3933 S. Howard  |  | 22c. DATE SIGNED May 31/57  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal  |  | 23b. DATE June 3, 1957   |  | 23c. NAME OF CEMETERY OR CREMATORY Elm Lawn Cemetery   |  | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |   |
| 24. FUNERAL DIRECTOR Address Hofmeister Colonial Mortuary 6464 Chippewa St. Louis, Mo.   |  |  |  | 25. DATE RECD. BY LOCAL REG. MAY 31 57   |  | 26. REGISTRAR'S SIGNATURE J. Earl Smith MD (50)                     |   |

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eric C. Drumm*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.